## United States District 3-mj-00230-KAJ Doc #: 1 Filed: 04/05/23 Page: 1 of 1 RAGEID #: 1

| Violation Notice (Rev. 1/2019)                       |  | (For issuance                          | (For issuance of an arrest warrant or summons)  |  |
|--|--|--|---|--|
| Location Code Violation Number                       | Officer Name (Print) Officer No.   | I state that on                        | 20 while exercising my duties as a  |  |
| 5-50 9469430   | LT. M. Gillos #1189  | law enforcement officer in the         | District of   |  |
| YOU ARE CHARGED WIT                                  | H THE FOLLOWING VIOLATION  |  |   |  |
| use and Time of Offense Offe                         | nse Charged □ CFR <b>X</b> USC □ State Code  |  |   |  |
| 1 concessories                                       | 8 USC (A1(2)   |  |   |  |
| tace of Offenso Chillicothe                          | VA MEDICAL CENTRE  |  |   |  |
|  | Chillicothe OH 45601   |  |   |  |
| Wense Description: Factual Basis for Charge          | HAZMAT U   |  |   |  |
| Theft of Public Mo                                   | ner, Againy, Recorsino wiri  |  |   |  |
| ETGINED POSSESSION OF 11                             | ocac, I PIV Com, 2 Veys ofree  |  |   |  |
| DEFENDANT INFORMATION                                | openy was to be Teturies   |  |   |  |
| ast Name   |  |  |   |  |
| D  | Hueran Lee   |  |   |  |
| ireat Address  | 1,102(34)  |  |   |  |
|  |  |  | 10 0 2402 O   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
| Tag No State   | Year MaxeModel PASS 2 Lotor  |  | -   |  |
| 1000   |  |  |   |  |
| APPEARANCE IS REQUIRED                               | APPEARANCE IS OPTIONAL   | The foregoing statement is b           | pased upon:   |  |
| A If Box A is checked, you must appear in court. See | B If Box B is checked, you must pay the<br>total collateral due or in lieu of payment  | my personal observation                | on my personal investigation  |  |
| instructions.  | appear in court. See instructions.  S Forfeiture Amount  | 0                                      | o me from my fellow officer's observation   |  |
|  | + \$30 Processing Fee  | other (explain above)                  |   |  |
| PAY THIS AMOUNT AT www.cvb.uscourts.gov -            | S Total Collateral Due   | O Touchard driver perhany or perjury o | hat the information which I have set forth above and on the<br>and correct to the best of my knowledge. |  |
|  |  | 2                                      | and contact to the beat of my knowledge.  |  |
|  | COURT DATE ou will be notified of your appearance date by mail.)   | 0/2023 Executed on: Date (mm/dd/       | (vvvv) Officer's Signature  |  |
| Court Address  | malahm3  | 023                                    | yyyy) Olince a digitalizate   |  |
| Colombus, Chic                                       |  |  | ed for the issuance of a warrant.   |  |
| (614) (19-3023)                                      | 11.00  | Probable cause has been state          |   |  |
|  | y of this violation actice. It is not an admission of guilt. I<br>of place instructed or in lieu of appearance pay the total | Executed on: Date (mm/dd/              | /yyyy) U.S. Magistrate Judge  |  |
| Defendant Signature X 500                            | · Certies may  | HAZMAT = Margadaga makadal interfere   | d in incident: PASS = 9 or more pessenger vehicle;  |  |
| Original - CVB Copy                                  |  |  | W = Commercial vehicle involved in incident   |  |

\*9469430\*